

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116
(617) 753-7300
Fax: (617) 753-7320

TO: EMT-PARAMEDIC CANDIDATE WITH OUT-OF-STATE EMT-PARAMEDIC
LICENSE/CERTIFICATION

FROM: MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

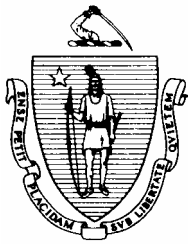
SUBJECT: VERIFICATION OF EMERGENCY MEDICAL TECHNICIAN (EMT) STATUS

In order to become certified based on your out-of-state EMT-Paramedic certification or license, you must submit documentation of current licensure/certification in good standing as an EMT-Paramedic. This documentation must be submitted with your application and accompanying documentation.

Please enter your name, Social Security Number, Certification/License number, expiration date and State that issued the license/certification on the form. **The form is to be completed by the state agency that issued your EMT-Paramedic Certification/License.** The form is to be returned to you in a sealed envelope with the signature of the individual who verified your certification across the seal. Envelopes that are not signed and sealed, or that have been opened will not be accepted.

If you have any questions or need additional information, please contact OEMS at 617-753-7300.

Thank you.



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TO: State Emergency Medical Services Agency: License/Certification Division
FROM: Massachusetts Office of Emergency Medical Services
SUBJECT: Verification Of Emergency Medical Technician (EMT) Status

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The following named individual has applied for Massachusetts EMT certification based on credentials from your agency. Please verify or complete the following information and return the form to the individual in the envelope provided. **PLEASE INDICATE IF THE INDIVIDUAL TOOK AND PASSED A STATE APPROVED OR ADMINISTERED WRITTEN AND/ OR PRACTICAL EXAMINATION.** For security, please ensure your signature is written across the sealed flap on back of envelope. Thank you for your assistance.

NAME: _____
First middle last

LEVEL OF LICENSURE/CERTIFICATION: **EMT-Paramedic**

SOCIAL SECURITY# _____ CERTIFICATION/LICENSE # _____

EXPIRATION DATE: _____ STATE _____

Is this applicant's certification/license in good standing? (No compliance issues on the record and no pending compliance issues.)

☐ YES
☐ NO (explain) _____

Has applicant's certification/license ever been suspended/revoked in your state?

☐ YES (explain) _____
☐ NO

EMT Training: Please indicate curriculum completed:

☐ 1998 Department of Transportation (DOT) CURRICULUM ☐ 1985 DOT CURRICULUM.
☐ Other (Please specify) _____

EMT Testing: Please indicate if the candidate was required to pass a written and a practical exam to obtain certification/licensure.

☐ Practical Exam ☐ Written exam ☐ Both Written & Practical

Verifying Person's Name and Title

Signature

Date